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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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1		MARYLAND STATE DEPARTMENT OF HEALTH
500 074		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STA	lt	03979 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03975
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ed vith vith		No - 217-36-0139 Mrs Sarah E. Pusey, Pocomoke City, Md.
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to to		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . and in my opinion
A TE DE T		death resulted from. Natural causes XI. Acadent . Suicide . Homicide . Undetermined manner .
DIC e ce ce ce ce ce ce ce ce ce ce ce ce ce c	'n	CHIEF MEDICAL EXAMINER
日本 名画 2		SIGNATURE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Cuts A fair		DEPUTY MEDICAL EXAMINER (F) 2-5-62
CT CY SX G CY	, ,,,	NAME (Type) Robert C/ La Mar, M.D. 104 Bay St Snow Hill Md.
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET OF DEATH	ET, BALTIMORE 1, MARYLAND
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s tha lan. ly th mit. rem		18. CAYSE OF DEATH [Enter only one cause per line for (a), (b), and (c).,	INTERVAL SETWEEN ONSET, AND DEATH
ysici ed b ed b		PART I. DEATH WAS CAUSED BY: ACUTE PUL MONDAY LO	erno + Hrs _
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retair COR: De d		21. I certify that (I) (this hospital) attended the deceased from	to MER 20, 1942 That (I) (we) las
a Signal			rom the causes and on the date stated above
OR May DIR Spices		220. SIGNATURE ATTENDING MED. M.D. PHYS. O RECTOR	STAFF PHYS. 7 3/22/62 SIGNEE
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CEN OR: OR: opt.		21. certify that (i) (this hospital) attended the deceased from 4/13 1960 to 3/14 that (i) (this hospital)	ie) las
A CT		saw the deceased alive on 3 - 14 196 -, and that death occurred at AM, from the causes and on the date stated	above
OR nay sho		22a SIGNATURE 22b./	SIGNED
44 H a H a H	7	22c. PHYSICIAN'S DIRECTOR PHYS.	9/6
PIT. Page ERA Pag		NAME (Type) Ivory U. Sully, 7-, Mb	/
OSI UNI rtor,		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stole	e)
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VR A15 (4)	R	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
15M 9/60	D.	Anna A. Toward States 110 DATE WAR 22'62 Orthur & thrus	

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside apropage limits, write RURAL and give nearest town) write RUE-Th and give neadest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO X NAME OF Middle Month DECEASED (Type or print) DEATH AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWED TO DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired 13 FATHER'S please 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 of unknown) | (If yet give war or dates of services) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hour IMMEDIATE CAUSE (a) Prteriosclerotic Heart Biolase DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEI. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 208 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Iam IB.) OR CONTRIBUTING [] CAUSE OF DEATH ILF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While et work at work 1962, to March ...19 (, 2-, and that death occured at MAM, from the causes and on the date stated above. saw the deceased alive on . 22b, DATE 22a. SIGNATURE ATTENDING 1 SIGNED DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [41



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 03983 03979 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b. COUNTY** Maryland Worcester MARYLAND Worcester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1/ / Pocomoke City Hours Pocomoke City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE OR INSTITUTION ON A FARM? 212 Walnut Street 302 Market Street YES NO TO NAME OF Middle Cost Month Year OF DEATH DECEASED WILLIAM H. TRADER March 1962 (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years lost birthday) Male White WIDOWED [Feb. 11,1901 DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Telegraph Telegraph Operator USA Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Bowen Trader Cornelia Alice Tawes Address Pocomoke City. 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Yes -09-4676 Mrs Kathryn McMaster Trader, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o). Coronary Thrombosis, acute seconds **DUE TO** Coronary Atherosclerosis, chronic Conditions, if ony, which vears gove rise to immediate with 3 prior occlusions DUE TO couse (o), stoting the under-Hypertensive C-V disease, mod. severe lying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Generalized Atherosclerosis, chronic, severe WAS UNDERLYING OR 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.) YES NO-F 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not while While at work ot work 21 I certify that (I) (this haspital) attended the deceased from ______

saw the deceased alive an Mar 10, 19 62, and that death accurred a 3:450, ProMethe causes and an the date stated above

MED.

228 SIGNATURE

N.E. Sartorius, Jr., M.D.

22d. ADDRESS

114 Market St. Pocomoke City Maryland 23d LOCATION (City, town, or county)

230 BURIAL CREMATION

22c PHYSICIAN'S NAME (Type)

Bethany Methodist

23c NAME OF CEMETERY OF KREAK YORY

Pocomoke City, Maryland

SIGNED

ADDRESS 25a, REC'D BY REGISTRAR Pocomoke City, Md .

256. REGISTRAR'S SIGNATURE

4 L. hus

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY SO R MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month DECEASED PDEATH (Type or print) AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED lest birthdey) | Months | Deys Hours WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during may of working fife, even if retired) DOUS 1/121U 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, no, or unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Thrombosis of Coronary Artery Conditions, if any, which Unknown geve rise to immediate cause DUE TO (e), stelling the underlying Arteriosclerotic Heart Disease cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01-19. WAS AUTOPSY CERTIFICATION PERFORMED? Over exertion due to the big storm of March 7, 62. NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Day, Year (County) (State) 70c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection D Inquiry 20 Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for FUNERAL 1 SIGNATURE SEND NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR THATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, 22b. REMOVAL (Specify) ED GRALS BURG 0 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Certing & Kroup SM 7/59

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4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
EOR STATE	U3983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 039	181
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d a Div	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT M.D. ASSISTA	ATE SIGNED
Y B	DEPUTY MEDICAL EXAMINER V	62,1
TER Id b	NAME (Type) - RANCIS . CONSEND JR Address (Street, city, town, or county) UCON RY	y, MI
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VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATU	
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